Honolulu Authority for Rapid Transit (HART)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2013

2014 JAN -8 AM 9: 27

(PRINT	OR TYPE CLEARLY	')				
NAME.	DANIEL A. GRABA	NUSKAS		_ POSITION/ELECTIVE OFFICE _	EXECUTIVE DIRECTOR & CEO	
DEPAR	RTMENT/AGENCY	HONOLULU AUTH	ORITY FOR RAPID TI	RANSPORTATION (HART)		
NAME	OF SPOUSE N/A					
Check t	the appropriate box a	nd fill in any applicable	e dates:			
				pan employment in this position osing financial interests held during	g the preceding calendar year.	
√	ANNUAL STATEME preceding year.	:NT: You are required	d to file not later than Ja	anuary 31 of each year disclosing a	Ill financial interests held during the	
	LEAVING OFFICE S	STATEMENT: You are n ten (10) working day	e leaving or have left yo ys of that date. You m	our office on ust disclose financial interests held	and m	
				working days after the deadline for due date of the statement.	filing as a candidate for office	
			VERIF	ICATION		
knowled	I declare that I have dge the information p	used all reasonable or	diligence in preparing t true and correct.	his form, that I have reviewed Item	Nos. I through 9, and to the best of	my
Date	1/7	, 20	Signati	ure		

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself	your spouse, and all dependent children	n. Use Abbreviations
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All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	1. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets	attached
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Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
niel A. Grabauskas	HART	Executive Director and CEO	2013	1
:				

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

of consumer goods,	ot report any debts of less than the whatever the amount. Do report	ort a secured o	t report debts the bligation such a	at arise out of retail ins as a home mortgage o	tallment r a car k	transactions for the purchase oan. Do report student loans.
None None	Additional sheets attached	l				
Person(s) Incurring De	ebt Creditor		Origina	l Loan Amount		Amount Outstanding
Filer & Paul T. Keenan	Harvard University (Credit Union	Н	,	Н	
Filer & Paul T. Keenan	First Hawaiian Bank		Н		Н	
or more or equal to 19 accounts in federal of	ITERESTS IN BUSINESSES I 0% or more of ownership of bus or state regulated financial insi sclosed under this item.	sinesses incorp	orated, regulate	ed, or licensed to carry	on busi	ness in Hawaii. Do not report
√ None	Additional sheets attached					
Owner(s)	Business Name and Address	Nature o	f Business	Percentage of Inte	erest	Value of Interest

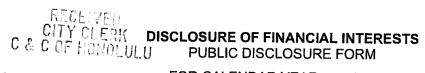
				
Owr	nership or Interest	Date of Transfer		
organizatior	n, whether or not op	ciary positions include, but are not limited to, officerships perated for profit. Fiduciary positions also include be	directorships, or positions a ing a majority shareholder	s trustee in any busin in a small or closely
organizatior	n, whether or not on Be sure to report fi	ciary positions include, but are not limited to, officerships berated for profit. Fiduciary positions also include be duciary positions in non-profit corporations.	directorships, or positions a ing a majority shareholder	s trustee in any busing in a small or closely
organizatior corporation.	n, whether or not on Be sure to report fi	perated for profit. Fiduciary positions also include be duciary positions in non-profit corporations.	directorships, or positions a ing a majority shareholder Term of Office	s trustee in any busing in a small or closely Annual Compensation
organization corporation.	n, whether or not op Be sure to report fine Additio	perated for profit. Fiduciary positions also include be duciary positions in non-profit corporations. nal sheets attached	ing a majority shareholder	in a small or closely Annual
organization corporation.	n, whether or not op Be sure to report fine Additio	perated for profit. Fiduciary positions also include be duciary positions in non-profit corporations. nal sheets attached	ing a majority shareholder	in a small or closely Annual

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6.	CREDITOR INTERESTS	IN INSOLVEN	IT BUSINESS worth \$5,0	00 or more.			
		dditional shee					
			is attached				· · · · · · · · · · · · · · · · · · ·
	Holder		Name & Address o	of Rusiness	Nature of Busin	055	Value
	170,00		Name & Address C	Dusiness	Nature of Busin	C33	value
				·			
7.	CLIENTS PERSONALLY I the preceding calendar ye authority and do not need	ar. Do not re	port representation involved	CIES. Only report	representation for whatters. "Ministerial in	ich you reco	eived compensation during not require discretional
	None A	dditional shee	ts attached				
	Representative		Client	City	Agency	Natur	e of Representation

None	Additional s	heets attached			
Owner(s)	Тах Мар	Key Number & Stre	eet Address	Value	Year Obtained
Filer & Paul T. Keenan	TMK: 210540220062 / 425 South Street. Apt. 1704			М	2013
9. REAL PROPI year. For this	ERTY TRANSFERRED). Only report real part all amount of the tra	property transferred i	n the City and County of Honols less than the value (as in the	ulu during the preceding calenda
☐ None		heets attached			0000 01 0 gm.).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nur	nber & Street Address
Tae K. Minn	Filer/Paul Keenan	9/25/13	L	TMK: 210540220062 / 425	South Street, Apt. 1704
Koko Kim Minn					



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN -6 PM 3: 52

FOR CALENDAR YEAR 2013

(PRINT OR TYPE CLEARLY)		
NAME Brennon T. Morioka	POSITION/ELECTIVE OFFICE _	Deputy Executive Director
DEPARTMENT/AGENCY HART		
NAME OF SPOUSE_ Jeanine SHY Morioka		
Check the appropriate box and fill in any applicable dates:		
INITIAL STATEMENT: Date on which you assumed office or be You must file within twenty (20) working days after this date did	pegan employment in this position isclosing financial interests held during	the preceding calendar year.
ANNUAL STATEMENT: You are required to file not later than preceding year.	a January 31 of each year disclosing a	Il financial interests held during the
LEAVING OFFICE STATEMENT: You are leaving or have left file a statement within ten (10) working days of that date. You	t your office on must disclose financial interests held	and mus during the preceding calendar year.
CANDIDATE STATEMENT: You must file no later than ten (1 disclosing interests held during the calendar year preceding the	0) working days after the deadline for e due date of the statement.	filing as a candidate for office
VER	RIFICATION	
I declare that I have used all reasonable diligence in preparing knowledge the information provided in this form is true and correct.	g this form, that I have reviewed Item	Nos. 1 through 9, and to the best of my
Date	ature	

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

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1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	HART	Deputy Executive Director	2013	G
F	CH2M HILL	Vice President	2013	С
F	Beachwalk LLC	Family Trust	2013	С
SP	Wilson Okamoto Corp	Secretary	2013	D

2.	CREDITORS. Do not of consumer goods,	ot report any debts of less than whatever the amount. Do rep	\$3,000. Do no port a secured o	t report debts the	nat arise out of retail ins as a home mortgage o	tallmen	t transactions for the purchase loan. Do report student loans.	
	None	Additional sheets attache		•		. a oai	oun. Do report student toans.	
	Person(s) Incurring Debt Creditor		r Original Loan Amount		Amount Outstanding			
JT			Central Pacific Bank			G		
•		Hawaii USA FCU	į	С		В		
3.	accounts in federal of	ITERESTS IN BUSINESSES 0% or more of ownership of buor state regulated financial insectors and under this item.	SIDESSES INCOM	nraten teniliat	ad ar licancad to corm,		(m = = = != = : : : : : : : : : : : : : : :	
	None [Additional sheets attached	I					
	Owner(s)	Business Name and Address	Nature of	f Business	Percentage of Inte	rest	Value of Interest	
F		BTM Consulting	Consulting		100		none	
F		Beachwalk LLC	Land Owner		33.3		N	
SP		Pulelehua Collections	Sales	i	100		none	
	Í							

		n Hawaii. onal sheets ati		·	s or interests in businesses in	
O	wnership or Interest		Date of Transfer			
Beachwalk LLC (part of Family Trust)			2013			
organizati.	ייי, איויכנוופו טו ווטנ ט	berated for bri	include, but are not limited to ofit. Fiduciary positions als ons in non-profit corporation	an include he	directorships, or positions as ing a majority shareholder ir	trustee in any business n a small or closely he
_		nal sheets atta				
Position	Holder	Name &	Name & Address of Business or Organization		Term of Office	Annual Compensation
oard of Director	ard of Director F		Japanese Cultural Center of Hawaii		thru 2016	none
ard of Director F		Pacific Links Foundation of Hawaii		n/a	none	
oard of Director	F	Pacific International Center for High Technology		n/a	none	
rustee	F	Beachwalk	LLC (part of Family Trust)	C (part of Family Trust)		none

							
6.	CREDITOR INTERESTS IN None Ad	ditional sheet		000 or more.			
	Holder		Name & Address of	of Business	Nature of Busin	ess	Value
					<u></u>		
7.	CLIENTS PERSONALLY RI the preceding calendar year authority and do not need to			CIES. Only report ving ministerial n	t representation for whoatters. "Ministerial	ich you red natters" d	ceived compensation during o not require discretionary
		ditional sheets					
	Representative		Client	City	Agency	Natu	re of Representation
					-		
		L					

None	Additional s	heets attached			
Owner(s)	Тах Мар	Key Number & Stre	et Address	Value	Year Obtained
	1335 Akiahala Stre	1335 Akiahala Street, Kailua HI 96734			1999
REAL PROPE year. For this	ERTY TRANSFERRED	. Only report real pr	roperty transferred in	the City and County of Honol less than the value (as in the	ulu during the preceding calen
✓ None	Additional sl	neets attached		isso didir dio valdo (do in dio	ouse of a girt).
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Nur	mber & Street Address
	5				